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AGE ON TECHNOLOGICS, INC. Legal Occidental CL429
Medical Procesy Administration P. O. Dox 7599 Leveland, CERTado 6353/40519

ATTORNEY DOCKET NU. 10010382-1 MAR 2 5 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): John Cordon

Sorial No.: 10/046,167 Examiner: Samuel Siefles

Filing Cato: January 51, 2002

Group Art Unit: 1743

THE: CALIBRATING ARRAY SCANNERS

COMMISSIONER FOR PATENTS P.O. Box 1450

Aloxandria VA 22313-1450

| | | TRAN | SMITTAL L | ETTER FOR RESPONS | CAMENDIA. | NT | | | |
|------|--|--|------------------------|--|------------------|-------------|---------|---|--|
| Sir: | : | | | | | | | | |
| Tra | nsmitted h | erewith is/are the follo | wing in the | above-identified applic | ation: | | | | |
| X | Respons | e/Amendment | ▼ Petiti | Petition to extend time to respond requested | | | | | |
| | • | as calculated below | Supp | Supplemental Declaration | | | | | |
| | No additi | ional fee (Address e | nvelope to | "Mail Stop Amendmen | ts") | | | | |
| | Other: | | | | (Fee \$_ | | | | |
| Г | CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY | | | | | | | | |
| | (1) FOR | (2) CLAIMS REMAINING AFTER AMENDMENT | (3) NUMBER EXTRA | (4) HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | (6) RATE | ADDITIO | | |
| | TOTAL CLAIMS | | MINUS | | = 0 | X 50 | \$ | 0 | |
| Γ | INDEP. | | MINUS | | = 0 | X 200 | \$ | 0 | |

4" MONTH 1590.00 D OTHER FEE 3¹¹⁷ MON1H 1020.00 450,00 120.00 TOTAL ADDITIONAL FEE FOR THIS AMENUMENT Charge \$ 120 to Deposit Account 50-1078. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account 50-1078 pursuant to 37 CFR 1.2 5. Additionally please charge any fees to Deposit Account 50-1078 under 37 CFR 1.16, 1.17, 1.19, 1.20 and 1.21. A duplicate

Respectfully submitted,

John Corson

Ву

I hereby cartify that this paper is being facsimile transmitted to the Patunt and Trademark Office on the date shown below:

10066157

copy of this transmittel letter is enclosed.

FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM

TH MONTE

אר אסא שיב MONTH

Date of faculmile: 03-25-2005

EXTENSION

Typed Name: Donna Mai

Bret E. Fleid for Dianne Rees Attorney/Agent for Applicant(s)

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Reg. No. 37,620

Date: 03-25-2005

Telephono No. (650) 485-5999

04/04/2005 ASINGLET 00000001 501078

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